

**Major Goals:**

- (1) secure CMS contract for development of demonstration model proposal
- (2) develop a demonstration model proposal for submission to CMS by 5/10/12
- (3) secure endorsement of demonstration model proposal from Vermont's Executive and Legislative branches
- (4) secure CMS approval for implementation of demonstration model proposal by 12/1/2012

Key Objectives/Milestones	Related Activities/Comments	Responsible Parties	Status	Timeframe (October 2011 – December 2012)																			
				5/11	6/11	7/11	8/11	9/11	10/11	11/11	12/11	1/12	2/12	3/12	4/12	5/12	6/12	7/12	8/12	9/12	10/12	11/12	12/12
1. Demonstration proposal submitted to CMS (1.31.11)		Patrick Flood	✓																				
2. Contract signed between CMS and AHS (5.10.11)		Patrick Flood	✓																				
3. Part-time staff assigned: BH and DB (June 2011)		Patrick Flood	✓																				
4. Begin iMMRS analysis of combined Medicaid and Medicare claims for 2004-2008; begin process of revised Data Use Agreement to get complete identifiable Medicare data through 2010		Dale Brooks (data analyst)																					
5. Complete iMMRS analysis of combined Medicaid and Medicare claims for 2004-2010, including Part D		Dale Brooks (data analyst)																					
6. Workgroups including stakeholders and project	Four separate Workgroups combined	Patrick Flood et al																					

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staff discuss demonstration goals and model	Merged into one Stakeholder Advisory group over time																													
7. Ongoing phone calls between AHS and CMS Project staff		Patrick Flood et al																												
8. Requests for Proposals to select contractors to assist with demonstration model design and submission to CMS		Bard Hill																												
9. Two project staff hired: JW and JP		Patrick Flood	✓				✓																							
10. Submit Letter of Intent to CMS, pursuant to 7/8/11 letter from CMS to State Medicaid Directors regarding financial models (9.22.11)		Julie Wasserman	✓					✓																						
11. Secure input from Focus Groups of people who are dually eligible; consider input in model design.		Bard Hill, Contractor																												
12. Secure input from Legislators, providers, provider groups,		Project staff																												

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advocacy groups, and LTC Survey; consider input in model design.																							
13. Create outline of demonstration model describing: (a) payment/financing elements, (b) consumer experience, (c) role of different organizations and providers.		Stakeholder groups, Project staff, Contractors																					
14. Ensure integration with Blueprint including medical homes, payment reform, community health teams, chronic care initiative, and emerging health informatics.		Stakeholder groups, Project staff																					
15. Ensure integration or interface with ADRC, MFP, CFC, CRT, DS, TBI, ASP, PACE, SASH, VCCI and other specialized services/ programs/providers.	Aging/Disability Resource Ctr, Money Follows the Person, Choices For Care LTC Waiver, Comm. Rehabilitation & Tx, Developmental Services, Traumatic Brain Injury, Attendant Svcs Program, PACE, Support & Services at Home, VT Chronic Care Initiative	Stakeholder groups, Project staff																					

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16. Ensure coordination with Health Care Reform efforts by the Green Mountain Care Board.		Project staff					<div></div>																					
17. Ensure coordination and integration with Pharmacy Benefits Management and single formulary under Global Commitment (Vermont Medicaid MCE).		Project staff					<div></div>																					
18. Ensure that model has addressed elements that stakeholders have suggested for: (a) continuation, (b) expansion, (c) reduction, or (d) elimination.		Project staff							<div></div>																			
19. Ensure that model integrates EBP and other promising practices (eg caregiver support and diversion to HCBS)		Project staff						<div></div>																				
20. Create draft demonstration model proposal and solicit continued		Project staff							<div></div>																			

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review/comment.																							
21. Secure Legislative approval/endorsement.		Project staff																					
22. Crosswalk Medicaid and Medicare regulations-ensure that demonstration model is in compliance or includes relevant waiver requests.		Project staff, Contractor																					
23. CMS certifies that demonstration model is actuarially sound and that savings can be expected.		CMS																					
24. Vermont revises demonstration proposal and makes proposal available for public comment 30 days before submission (by 4/10/12)		Project staff, Contractors																					
25. Vermont submits demonstration proposal to CMS (by 5/10/12)		Project staff, Contractors																					
26. CMS makes Vermont demonstration proposal available for public		CMS																					

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comment at least 30 days prior to approval (after 5/10/12 submission).																							
27. Vermont and CMS negotiate MOU that outlines specific programmatic design elements, technical parameters, waiver requests, and approval package for necessary Medicare and Medicaid authorities and payment/financial models.		Project staff, CMS																					
28. Vermont continues communication and collaboration with stakeholders through implementation phase.		Project staff																					
29. Vermont reports on implementation progress and details to Green Mountain Care Board, Medicaid Advisory Board, and Legislative Committees with jurisdiction.		Project staff																					

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30. MOU package goes through CMS approval process; approved MOU signed by CMS and Vermont.		CMS																					
31. Develop specific financial tiers or rates (based on individual levels of need) who are served by CIPs and not just by standard fee-for-service.		Project staff, Contractors																					
32. Three-way contract signed between CMS, State, and Managed Care Entity contingent on satisfying readiness requirement. Ensure all required waivers and/or state plan amendments are in place. Ensure all required legislative and budget authority is in place. (est. 2 months)		Project staff, CMS																					
33. CMS and State readiness review – final preparations - test all		Project staff, CMS																					

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operational systems, perform reviews to assure preparation and adherence to contract requirements (est. 2 months)																							
34. Outreach and required notices to public, providers, and to people who are dually eligible.		Project staff, AHS staff																					
35. Implement enrollment and opt-out provisions for implementation.		Project staff, AHS staff																					
36. Develop specific methods and timelines for performance and outcome measures, and for any evaluation activities required by CMS.		Project staff, AHS staff, CMS																					
37. Implementation begins.		Project staff, AHS staff																					